



## VISA APPLICATION FORM

VISA APPLICATION FOR OTHER NATIONALS (SIX MONTHS  ONE YEAR )

THREE YEARS VISA FOR AMERICAN PASSPORTS ONLY

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

SEX: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**HOME ADDRESS:**

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS (Required) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ OCCUPATION: \_\_\_\_\_  
(Date) (Month in Words) (Year) (Required)

Place of Birth: TOWN \_\_\_\_\_ COUNTRY \_\_\_\_\_

**PARTICULARS OF PASSPORT:**

Passport Number: \_\_\_\_\_ Date of Issue: \_\_/\_\_/\_\_\_\_ Date of Expiry: \_\_/\_\_/\_\_\_\_

Country of Issue: \_\_\_\_\_ Passport Type: \_\_\_\_\_

Nationality: \_\_\_\_\_

PURPOSE OF VISIT: \_\_\_\_\_

PROPOSED DATE OF ARRIVAL: \_\_/\_\_/\_\_\_\_ DURATION OF STAY: \_\_\_\_\_

NAME OF REFERREE IN SIERRA LEONE: \_\_\_\_\_ AND PHONE No. \_\_\_\_\_

PROPOSED ADDRESS: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Approving Officer: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

Fee: \_\_\_\_\_ VISA No. \_\_\_\_\_ General Receipt No. \_\_\_\_\_